



PUBLIC EDUCATION AGENCY (PEA) NOTIFICATION/REFERRAL

The Arizona Early Intervention Program (AzEIP) is required to notify your family's district of residence that your child is nearing the age of three and is potentially eligible for preschool special education services (*unless you have opted out in writing*). The PEA Notification must include your child's name, date of birth, and your name, address, and telephone number. Upon receiving this PEA Notification your district of residence must consider it as an initial referral to determine eligibility for preschool special education services.

			Date of PEA Notification/Referral		
Child's Information					
CHILD'S FULL NAME (<i>Last, First, Middle</i>)			DATE OF BIRTH		DATE OF INITIAL IFSP
CHILD'S ADDRESS (<i>No., Street, City, State, ZIP</i>)					
PRIMARY LANGUAGE OF FATHER		PRIMARY LANGUAGE OF MOTHER		PRIMARY LANGUAGE OF CHILD	
PARENTS' NAMES					
ADDRESS (<i>No., Street, City, State, ZIP</i>)					
HOME PHONE NO.		CELL PHONE NO.		MESSAGE PHONE NO.	
DISTRICT OF RESIDENCE (<i>Based on parent(s)' address</i>)					
Referring AzEIP Service Providing Agency Information					
AzEIP SERVICE COORDINATOR'S NAME			AzEIP SERVICE PROVIDING AGENCY		
PHONE NO.			MAIN OFFICE PHONE NO. (<i>If different</i>)		

Late Referral Information (*If applicable*)

- ☐ Family circumstances (*i.e. family moved, family did not return calls, etc.*).
- ☐ Parent opted out initially and has chosen to transition.
- ☐ Service Coordinator delay

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request.